

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

1

MONTHLY FINANCIAL REPORTING FORM

		1
1.	FOR THE MONTH ENDING:	January 31, 2002
2.	Name:	JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFO
3.	File Number:(Enter last three digits) 933-0	197
4.	Date Incorporated or Organized:	August 14, 1982
5.	Date Licensed as a HCSP:	August 15, 1983
6.	Date Federally Qualified as a HCSP:	
7.	Date Commenced Operation:	August 1, 1983
8.	Mailing Address:	3840 ROSIN COURT SUITE 190 SACRAMENTO, CA 95834
9.	Address of Main Administrative Office:	3840 ROSIN COURT SUITE 190 SACRAMENTO, CA 95834
10.	Telephone Number:	(916) 922-5660
11.	HCSP's ID Number:	68-0465645
12.	Principal Location of Books and Records:	3840 ROSIN COURT SUITE 190 SACRAMENTO, CA 95834
13.	Plan Contact Person and Phone Number:	Carolyn Brodt (916) 922-5660
14.	Financial Reporting Contact Person and Phone Number:	Carolyn Brodt (916) 922-5660
15.	President:*	Mohender Narula, DMD
16.	Secretary:*	Carolyn Brodt
17.	Chief Financial Officer:*	Terence S. Milaney
18.	Other Officers:*	Mina Narula, DDS
19.		
20.		
21.		
22.	Directors:*	Satish Butani
23.		Stuart Malkin
24.		Sohail Masood
25.		Richard White
26.		
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President

Mehender Naula

33. Secretary

Carolyn Broct

34. Chief Financial Officer

Terece Mahaney

* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

35. If this is a revised filing, check here:

☐

36. If all dollar amounts are reported in thousands (000), check here

☐

Check My Work.

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="v"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="v"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="v"/>

STATEMENT AS OF 1-31-2002 OF 933-0197 JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFORNIA

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	32,422
2. Short-Term Investments	
3. Premiums Receivable - Net	9,452
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	38,553
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	2,898
11. TOTAL CURRENT ASSETS (Items 1 to 10)	83,325
OTHER ASSETS:	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	356,858
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	0
18. TOTAL OTHER ASSETS (Items 12 to 18)	406,858
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	222,511
21. Computer Equipment - Net	
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	222,511
27. TOTAL ASSETS	712,694
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Deposits	2,898
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	2,898
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	

1701.		
1702.		
1703.		
1704.		
1798.	Summary of remaining write-ins for Item 17 from overflow page	
1799.	TOTALS (Items 1701 thru 1704 plus 1798)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT		
2501.		
2502.		
2503.		
2504.		
2598.	Summary of remaining write-ins for Item 25 from overflow page	
2599.	TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 1-31-2002 OF 933-0197 JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFORNIA

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable	55,584	XXX	55,584
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)			0
4. Incurred But Not Reported Claims			0
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	202,835	XXX	202,835
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	3,667	0	3,667
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	262,086	0	262,086
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)	513,500	XXX	513,500
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	513,500	XXX	513,500
19. TOTAL LIABILITIES	775,586	0	775,586
NET WORTH			
20. Common Stock	XXX	XXX	2,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	87,291
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-152,183
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	-62,892
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	712,694
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Income Taxes Payable	67		67
1102. Accrued Capitation & Commissions	3,600		3,600
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	3,667	0	3,667
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.		XXX	0
1702.		XXX	0

1703.		XXX	0
1704.		XXX	0
1798.	Summary of remaining write-ins for Item 17 from overflow page	XXX	0
1799.	TOTALS (Items 1701 thru 1704 plus 1798)	0 XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.		XXX XXX	
2502.		XXX XXX	
2503.		XXX XXX	
2504.		XXX XXX	
2598.	Summary of remaining write-ins for Item 25 from overflow page	XXX XXX	
2599.	TOTALS (Items 2501 thru 2504 plus 2598)	XXX XXX	0

STATEMENT AS OF 1-31-2002 OF 933-0197 JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFORNIA

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	80,103	80,103
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	1	1
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	0
11. TOTAL REVENUE (Items 1 to 10)	80,104	80,104
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	26,524	26,524
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated	11,371	11,371
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	4,441	4,441
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	42,336	42,336
Administration		
25. Compensation	13,180	13,180
26. Interest Expense	2,696	2,696
27. Occupancy, Depreciation and Amortization	1,670	1,670
28. Management Fees		
29. Marketing	10,903	10,903
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	19,892	19,892
32. TOTAL ADMINISTRATION (Items 25 to 31)	48,341	48,341
33. TOTAL EXPENSES	90,677	90,677
34. INCOME (LOSS)	-10,573	-10,573
35. Extraordinary Item		
36. Provision for Taxes	67	67
37. NET INCOME (LOSS)	-10,640	-10,640
NET WORTH:		
38. Net Worth Beginning of Period	-52,252	-52,252

39.	Audit Adjustments		
40.	Increase (Decrease) in Common Stock		
41.	Increase (Decrease) in Preferred Stock		
42.	Increase (Decrease) in Paid in Surplus		
43.	Increase (Decrease) in Contributed Capital		
44.	Increase (Decrease) in Retained Earnings:		
45.	Net Income (Loss)	-10,640	-10,640
46.	Dividends to Stockholders		
47.	Aggregate Write-Ins for Changes in Retained Earnings	0	0
48.	Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49.	NET WORTH END OF PERIOD (Items 38 to 48)	-62,892	-62,892

STATEMENT AS OF 1-31-2002 OF 933-0197 JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFORNIA

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. Occupancy - Rent	1,182	1,182
2302. Other Medical Expenses	1,947	1,947
2303. Depreciation	1,312	1,312
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	4,441	4,441
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. Equipment Rental	929	929
3102. Insurance	1,519	1,519
3103. DMHC Assessments	2,602	2,602
3104. Outside Consultants	1,881	1,881
3105. Depreciation & Amortization	4,238	4,238
3106. Administrative Expenses - Other	8,723	8,723
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	19,892	19,892
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		

4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation		
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues		
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses		
8. Administration Expenses		
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	0	0
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	0
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	0	0
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		
29. CASH AND CASH EQUIVALENTS AT END OF PERIOD	0	0
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	-10,640	-10,640
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization		
32. Decrease (Increase) in Receivables		
33. Decrease (Increase) in Prepaid Expenses		
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable		
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium		
38. Aggregate Write-Ins for Adjustments to Net Income	0	0
39. TOTAL ADJUSTMENTS (Items 31 through 38)	0	0
40. NET CASH PROVIDED BY OPERATING ACTIVITIES	-10,640	-10,640

(Item 30 adjusted by Item 39 must agree to Item 11)			7
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Item 25 from overflow page			
TOTALS (Items 2501 thru 2503 plus 2598)		0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME			
3801.			
3802.			
3803.			
3898. Summary of remaining write-ins for Item 38 from overflow page			
3899. TOTALS (Items 3801 thru 3803 plus 3898)		0	0

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1	2
	Current Period	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:		
1. Net Income (Loss)	-10,640	-10,640
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES:		
2. Depreciation and Amortization	5,548	5,548
3. Unrealized Gains/Losses on Equity Securities		
4. Gain/Loss on Sale of Assets		
5. Deferred Income Taxes		
CHANGE IN OPERATING ASSETS AND LIABILITIES		
(Increase) Decrease in Operating Assets:		
6. Receivables	828	828
7. Prepaid Expenses	-2,820	-2,820
8. Affiliate Receivables		
9. Aggregate write-ins for (increase) decrease in operating assets	0	0
Increase (Decrease) in Operating Liabilities:		
10. Trade Accounts Payable	-4,658	-4,658
11. Capitation Payable		
12. Claims Payable and IBNR		
13. Other Medical Liability		
14. Unearned Premiums	8,935	8,935
15. Affiliate Payables		
16. Aggregate write-ins for increase (decrease) in operating liabilities	0	0
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES	-2,807	-2,807
CASH FLOW FROM INVESTING ACTIVITIES		
18. Proceeds from Restricted Cash and Other Assets		
19. Proceeds from Investments		
20. Proceeds for Sales of Property, Plant, and Equipment		
21. Payments for Restricted Cash and Other Assets		
22. Payments for Investments		
23. Payments for Property, Plant, and Equipment	-3,201	-3,201
24. Aggregate write-ins for cash flow provided by investing activities	0	0
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES	-3,201	-3,201
CASH FLOW FROM FINANCING ACTIVITIES		
26. Proceeds from Paid-in-Capital or Issuance of Stock		
27. Loan Proceeds from Non-Affiliates		
28. Loan Proceeds from Affiliates		
29. Principal Payments on Loans from Non-Affiliates		
30. Principal Payments on Loans from Affiliates		
31. Dividends Paid		

32.	Principal Payments under lease obligations		8
33.	Aggregate write-ins for cash flow provided by financing activities	0	0
34.	NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	0	0
35.	NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	-6,008	-6,008
36.	CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	38,430	38,430
37.	CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	32,422	32,422

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS		
901.		
902.		
903.		
998. Summary of remaining write-ins for Item 9 from overflow page		
999. TOTALS (Items 901 thru 903 plus 998)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES		
1601.		
1602.		
1603.		
1698. Summary of remaining write-ins for Item 16 from overflow page		
1699. TOTALS (Items 1601 thru 1603 plus 1698)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
2401.		
2402.		
2403.		
2498. Summary of remaining write-ins for Item 24 from overflow page		
2499. TOTALS (Items 2401 thru 2403 plus 2498)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
3301.		
3302.		
3303.		
3398. Summary of remaining write-ins for Item 33 from overflow page		
3399. TOTALS (Items 3301 thru 3303 plus 3398)	0	0

REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encou	
						7 Physicians	8 Non-Physicians
1. Group (Commercial)				0			
2. Medicare Risk				0			
3. Medi-Cal Risk				0			
4. Individual	15,321	673	411	15,583	15,583		
5. Point of Service				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0
7. Total Membership	15,321	673	411	15,583	15,583	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT							
601.				0			
602.				0			
603.				0			
Summary of remaining write-ins for							
698. Item 6 from overflow page				0			
Totals (lines 601 through 603 plus							
699. 698) (Line 6 above)	0	0	0	0	0	0	0

nters for Period	10	11	12
9 Total	Total Patient Days Incurred	Annualized Hospital Days/1000	Average Length of Stay
0		#VALUE!	
0		#VALUE!	
0		#VALUE!	
0		#VALUE!	
0		#VALUE!	
0	0	#DIV/0!	
0	0	0	
		#VALUE!	
		#VALUE!	
		#VALUE!	
		#VALUE!	
0	0	#DIV/0!	

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

2.

3. General

4. Jaimini Health Inc. dba Healthdent Of CA, a California corporation(Company), offers dental care through
 5. its own prepaid dental plans sold to employer groups and individuals in California. The Company enters
 6. into contractual agreements with various private dentists to provide dental services. Effective
 7. October 1, 2001 the Company has taken over the members of another Dental Care provider
 8. doing business as Primecare with certain terms and conditions.

9.

10. Revenue Recognition

11. All dental plan prepaid fees, which entitle plan members to specified services, are recognized as
 12. revenue ratable over the membership period.

13.

14. Deferred revenue consists of premiums for future coverage of members on the prepaid dental plans.
 15. Deferred revenue represents amounts due or deferred in excess of twelve months.

16.

17. Cash

18. For the purpose of statement of cash flows, cash equivalents are defined as those instruments with
 19. original maturities of three months or less. The Company maintains its cash accounts in three
 20. commercial banks. The Federal Deposit Insurance Corporation (FDIC) guarantees up to \$100,000
 21. deposits in the accounts at the banks. At January 31, 2002 \$0.00 (inclusive of outstanding checks)
 22. was in excess of the federally insured limit.

23.

24. Property and Equipment

25. Property and equipment are stated at cost. Depreciation is computed over estimated useful lives
 26. of three to ten years. Goodwill is amortized over the period of fifteen years. Upon sale or retirement
 27. of property and equipment, the accounts are relieved of the cost and related depreciation, and any
 28. resulting gain or loss included in other income or expenses.

29.

30. Restricted Cash

31. Restricted cash consists of a savings account required under the provisions of California Regulations to
 32. be assigned to the Commissioner of Corporations. The funds in this account cannot be used for
 33. operating activities.

34.

35. Income Taxes

36. The company is elected to be treated as sub chapter S corporation under the IRS regulations
 37. and all income and losses are considered as pass through to its stockholders and as such no provision
 38. is made for federal income taxes. For California Franchise Tax the company has made necessary
 39. provisions for taxes.

40.

41. Estimates

42. The preparation of financial statements in conformity with general accepted accounting principles (GAAP)
 43. requires management to make estimates and assumptions that affect the reported amounts of assets and
 44. liabilities and disclosure of contingent assets and liabilities at the date of the financial statements
 45. and the reported amounts of revenues and expenses during the reported period. Actual results could
 46. differ from those estimates.

47.		
48.	2. PROPERTY AND EQUIPMENT	
49.	Property and equipment consists of the following at January 31, 2002:	
50.		
51.	Furniture and equipment	\$261,771
52.	Leasehold improvements	0
53.	Equipment under capital leases	0
54.	TOTAL	\$261,771
55.	Less accumulated depreciation and amortization	39,260
56.	(including \$ 0 related to capital leases)	
57.	PROPERTY EQUIPMENT NET	\$222,511
58.		
59.		

1

OVERFLOW PAGE FOR WRITE-INS

1. 3. INTANGIBLE ASSETS

2.

3. Intangible assets consists of the following at January 31, 2002:

4.

5. Goodwill \$375,000

6. Organizational Costs (Attorney Fees) 11,176

7. TOTAL \$386,176

8. Less accumulated amortization 29,318

9. INTANGIBLE ASSETS NET \$356,858

10.

11.

12. 4. Subordinated Notes Payable:

13.

14. Subordinated Notes Payable consists of the following at January 31, 2002:

15.

16. Dr. Mohender Narula - President and CEO, subordinated notes payable. This 513,500
17. is interest only note with Interest rate of 6.30%.

18.

19. TOTAL DEBT 513,000

20.

21. 5. DEFERRED REVENUE:

22.

23. Deferred revenue consists of the following as of January 31, 2002

24.

25. Dental Plan premiums 202,835

26. TOTAL DEFERRED REVENUE 202,835

27. Less current portion 202,835

28. Deferred revenue net of current portion 0

29.

30.

31. 5. RELATED PARTY TRANSACTIONS:

32.

33. Related party transactions during the month ended January 31, 2002: None

34.

35.

36.

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STATEMENT AS OF 1-31-2002 OF 933-0197 JAIMINI HEALTH INC DBA HEALTH DENT OF CALIFORNIA

KNOX-KEENE

SUPPLEMENTAL INFORMATION

PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1			2
1.	Net Equity		\$		-62,892
2.	Add: Subordinated Debt		\$		513,500
3.	Less: Receivables from officers, directors, and affiliates		\$		
4.	Intangibles		\$		356,858
5.	Tangible Net Equity (TNE)		\$		93,750
6.	Required Tangible Net Equity (See Below)		\$		50,000
7.	TNE Excess (Deficiency)		\$		43,750
		Full Service Plans			Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$	50,000
B.	REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$	19,225
	Plus		Plus		
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$	
10.	Total	\$	Total	\$	19,225
C.	HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	40,643
	Plus		Plus		
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$	
	Plus		Plus		
13.	4% of the annualized hospital expenditures		4% of the annualized hospital expenditures		

	paid on a managed hospital payment basis.	\$		paid on a managed hospital payment basis.	\$	
14.	Total	\$		Total	\$	
15.	Required "TNE" - Greater of "A" "B" or "C"	\$		Required "TNE" - Greater of "A" "B" or "C"	\$	50,000